

EXHIBIT E
INSURANCE REQUIREMENTS

The concessionaire will maintain, during any contract period, insurance coverage listed below, with insurance company(ies) acceptable to the Exchange. All liability insurance coverage will name the United States and the Exchange as additional insured for claims, demands, suits, judgments, costs and expenses arising out of or in conjunction with any loss, damage or injury resulting from the negligence or other fault of the concessionaire, or concessionaire's agents, representatives or employees. The types of insurance coverage to be maintained are:

a. The following coverage in amounts complying with state or military installation requirements, whichever is greater, where this contract is performed:

(1) Worker's Compensation and Employer's Liability Insurance

(2) Automobile Bodily Injury and Property Damage Liability for vehicles operated in performance of this contract by the concessionaire, the concessionaire's agents or employees on the military installation, whether or not owned by concessionaire.

b. The vendor will maintain the coverage's listed below and will furnish a current Certificate of Insurance, ACORD Form 25-S, showing the insurance is in effect. The Certificate of Insurance must show the United States and the Exchange as additional insured's for all liability coverage's. The "INSURED" block of the Certificate of Insurance must list both the concessionaire's name and the Exchange contract number.

(1) Commercial General Liability in minimum limits for Bodily Injury and Property Damage:

\$1,000,000 Each Occurrence Limit
\$2,000,000 General Aggregate Limit

(2) Products Liability Insurance in minimum limits of \$50,000 for injury to or death of any one person, \$100,000 for each accident or occurrence, \$100,000 for aggregate personal injury liability, \$25,000 for each occurrence for property damage, and \$25,000 aggregate.

This insurance policy will be written on an "occurrence" basis. A policy written on a "claims made" basis is not acceptable.

c. The contractor shall mail or deliver the Certificate of Insurance using the following address format:

Army and Air Force Exchange Service
Attention: **(SD-Z/Contract Number)**
3911 South Walton Walker Blvd
Dallas, Texas 75236-1598

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